

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/519,436-Conf. #7541</td> </tr> <tr> <td>Filing Date</td> <td>December 22, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Hilde Azijn</td> </tr> <tr> <td>Title</td> <td>MUTATIONAL PROFILES IN HIV-1 REVERSE TRANSCRIPTASE CORRELATED WITH PHENOTYPIC DRUG RESISTANCE</td> </tr> <tr> <td>Art Unit</td> <td>1648</td> </tr> <tr> <td>Examiner Name</td> <td>L. Humphrey</td> </tr> <tr> <td>Attorney Docket No.</td> <td>026038.0248PTUS</td> </tr> </table>	Application Number	10/519,436-Conf. #7541	Filing Date	December 22, 2004	First Named Inventor	Hilde Azijn	Title	MUTATIONAL PROFILES IN HIV-1 REVERSE TRANSCRIPTASE CORRELATED WITH PHENOTYPIC DRUG RESISTANCE	Art Unit	1648	Examiner Name	L. Humphrey	Attorney Docket No.	026038.0248PTUS
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Examiner Name	L. Humphrey														
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

93358

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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☐ The address associated with Customer Number:

OR

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Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
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Title and Company	
Assistant General Counsel, Johnson & Johnson	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.